DEWS Drug Early Warning System
Working Together to Identify & Respond to Emerging Drug Trends in Maryland

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Acknowledgements

CESAR is pleased to provide this 2004 Annual Volume of the *DEWS Fax*. To assist you in using this volume, the Table of Contents indexes the 2004 faxes by issue title and subject area.

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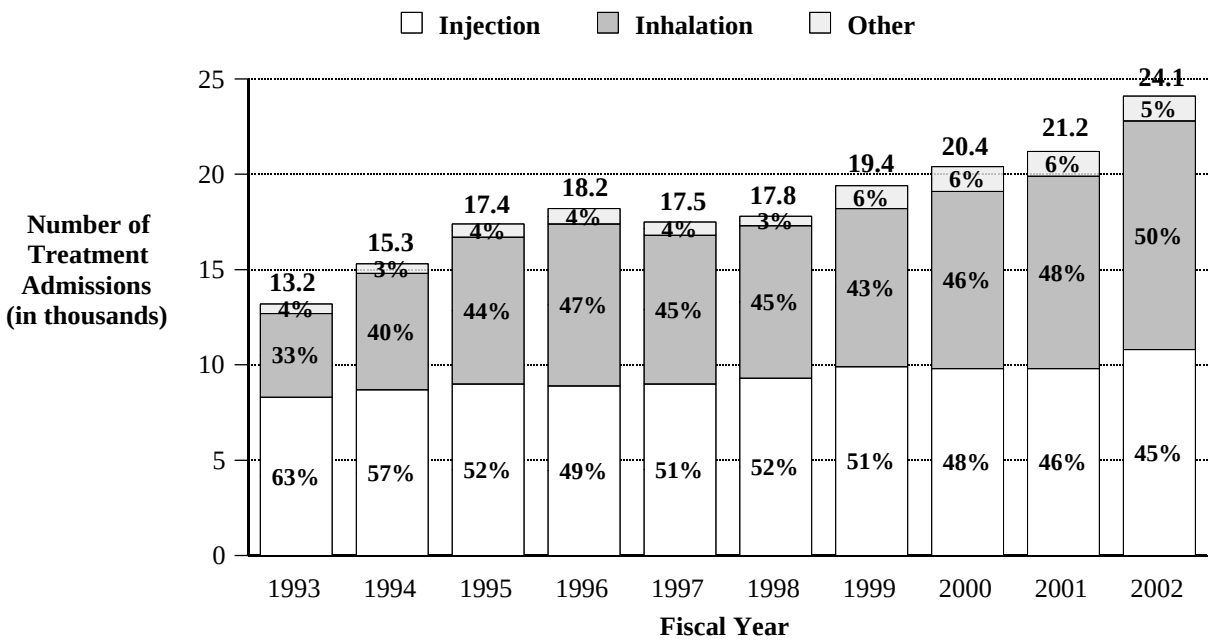
Maryland Treatment Admissions for Heroin Use Have Doubled From 1993 to 2002; One-Half of Users Now Inhale the Drug

According to data from the Maryland Substance Abuse Management Information System (SAMIS) an estimated 24.1 thousand treatment admissions mentioned heroin as a substance of abuse in fiscal year (FY) 2002, compared to 13.2 thousand in FY 1993. The route of administration has also changed. In FY 1993 one-third of heroin treatment clients reported inhaling the drug and nearly two-thirds reported injecting the drug. By FY 2002, one-half of heroin treatment clients reported inhalation as their primary route of administration. This statewide shift to heroin inhalation is due largely to an increase in inhalation by treatment clients residing in Baltimore City. "Heroin purity levels reached 96 percent in Baltimore during FY 2001," which "helps to explain the prevalence of inhalation among City resident admissions, as inhalation is a more effectual mode of heroin administration when purity is high" (p. 25). Treatment clients residing in suburban and rural counties, where heroin purity levels are much lower, are more likely to report injecting heroin. In fourteen counties* at least 55% of clients reported injecting the drug in FY 2002.

Estimated Number of Maryland Treatment Admissions for Heroin, by Route of Administration, FY 1993-FY 2002



*Allegany, Calvert, Carroll, Cecil, Dorchester, Frederick, Harford, Howard, Montgomery, Somerset, Talbot, Washington, Wicomico, and Worcester counties.

SOURCE: Adapted by CESAR from data from Maryland Alcohol and Drug Abuse Administration, Department of Health and Mental Hygiene, "Outlook and Outcomes 2002 Annual Report," 2003. Available online at http://maryland-adaa.org. For more information, contact Eric Wish of CESAR at 301-405-9774 or ewish@cesar.umd.edu.

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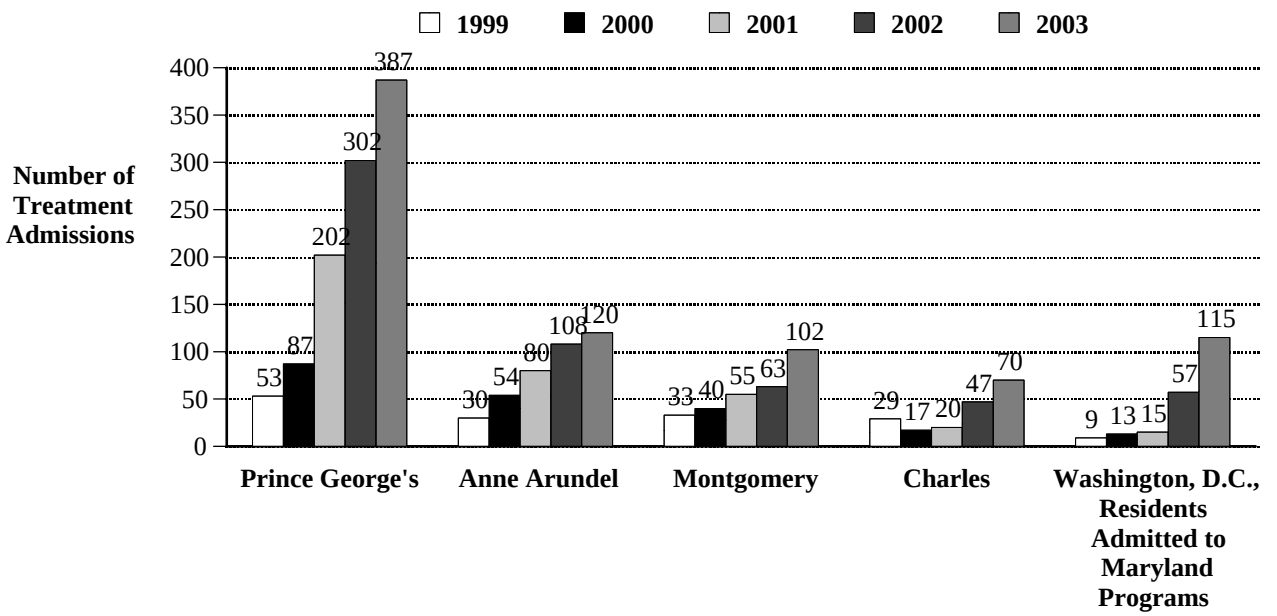
PCP-Related Treatment Admissions Increase Among Residents of Prince George's County and Surrounding Areas

PCP-related admissions to Maryland treatment programs have more than tripled since FY1999 (from 281 to 1,016 in FY2003), according to data from the Maryland Substance Abuse Management Information System (SAMIS). The most substantial increase state-wide occurred among residents of Prince George's County (from 53 PCP-related treatment admissions in FY1999 to 387 in FY2003). PCP-related treatment admissions by residents of surrounding counties, as well as for Washington, D.C., residents admitted to Maryland facilities, also increased during this period (see figure below). Residents of Prince George's County and the four neighboring jurisdictions comprised 78% of the PCP-related treatment admissions in Maryland in 2003 (data not shown). DEWS staff recently conducted in-depth interviews with Prince George's County juvenile offenders and adult arrestees about PCP use. Findings from these interviews are now available in the premier issue of DEWS' new research series, *DEWS Investigates* (available online at www.dewsonline.org).

Estimated Number of PCP-Related Admissions to Maryland Treatment Programs, by Residence, FY1999-FY2003



SOURCE: Adapted by CESAR from data from the Maryland Alcohol and Drug Abuse Administration, Substance Abuse Management Information System (SAMIS). For more information, contact Erin Artigiani at erin@cesar.umd.edu.

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DEWS Investigates Study Finds Maryland OxyContin® Abusers Tend to Be Polydrug Users

While DEWS staff have received reports of the abuse of OxyContin® and other oxycodone products from about eight Maryland counties, very little about this trend can be learned from traditional indicators like treatment admissions. In an attempt to learn more about the abuse and diversion of the drug, DEWS staff conducted interviews with persons who had a history of OxyContin abuse and were in private substance abuse treatment programs.* Although the original expectation was that this population would have limited problems with other drugs, all five of the people interviewed had been dependent on heroin and had abused cocaine and multiple prescription drugs at some point in their lives (see table below). According to the authors, these findings need to be replicated because "[i]t is possible that people with limited drug histories or who developed problems solely with OxyContin may not be in treatment because their drug use is sustainable and remains hidden from researchers. Such persons may have more benign drug histories and fewer drug problems than the subjects interviewed in this study" (p. 4).

Drug Histories of Five Maryland OxyContin® Abusers

Subject**	Illicit Drug Use History: Pre-OxyContin	Illicit Drug Use History: Post-OxyContin	Timing of OxyContin and Heroin Use	Initial Source of OxyContin	Method of Use
Jane	Alcohol, cigarettes, heroin, marijuana, powder cocaine, morphine		OxyContin was used 29 years after heroin	Prescription	Oral
Doug	Alcohol, marijuana, powder cocaine	Crack, LSD, ecstasy, heroin	OxyContin was used approximately two years prior to heroin	Acquaintance	Oral, Snorting
Rose	Marijuana, PCP, alcohol, crack, powder cocaine, cigarettes	Heroin	OxyContin was used approximately seven years prior to heroin	Prescription	Oral, Snorting, Chewing
Bill	Marijuana, alcohol, ecstasy, cigarettes, PCP	Powder cocaine, LSD, mushrooms, heroin	OxyContin was used approximately two years prior to heroin	Friends	Snorting
Pam	Alcohol, ecstasy, cigarettes, PCP, marijuana, powder cocaine, heroin	Crack, ketamine	OxyContin was used approximately three years after heroin	Drug Dealer	Snorting, Intravenous

*Recruitment problems and time constraints limited the number of patients we were able to interview during the three month study period. See the full DEWS Investigates report for more information.

**The names of the subjects have been changed.

SOURCE: Maryland Drug Early Warning System (DEWS), CESAR. "OxyContin® Abuse in Maryland," *DEWS Investigates*, June 2004. For more information, contact Erin Artigiani at erin@cesar.umd.edu.

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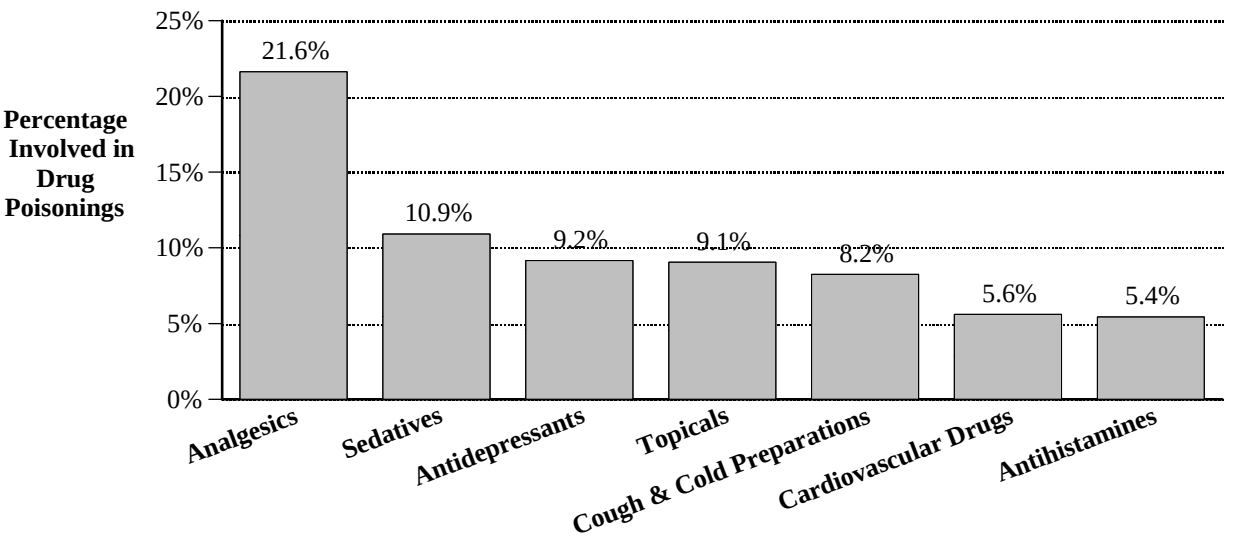
More than Half of Substances Involved in Maryland Poisonings Are Drugs; Analgesics Are Most Commonly Reported Drug

More than one-half (53%) of the 39,408 substances responsible for poisonings reported in Maryland in 2003 were drugs, according to data from the Maryland Poison Center. Analgesics were most frequently responsible, accounting for more than one-fifth (21.6%) of reported poisonings. Other substances responsible for reported drug poisonings in 2003 included sedatives (10.9%), antidepressants (9.2%), topicals (9.1%), and cough and cold preparations (8.2%). The majority (82%) of the poison exposures, involving both drug and non-drug substances, were unintentional exposures; only 15% were intentional exposures due to misuse, abuse, or suicide attempts (data not shown).

Percentage of Substances Involved in Drug Poisonings Reported to the Maryland Poison Center, 2003*

(N=20,912 Drug Substances Involved in Poisonings)



*Other substances involved in drug poisonings were antimicrobials (4.6%), gastrointestinal (4.1%), hormones (4.1%), vitamins (3.9%), street drugs (3.5%), and other (9.6%).

NOTE: Patients may be exposed to more than one substance in a poisoning event.

SOURCE: Adapted by CESAR from Maryland Poison Center, "2003 Statistical Report," *ToxAlert*, July 2004. Available online at http://www.mdpoison.com/Site/PDFs/2003_annual%20report.pdf. For more information, contact Erin Artigiani at erin@cesar.umd.edu.

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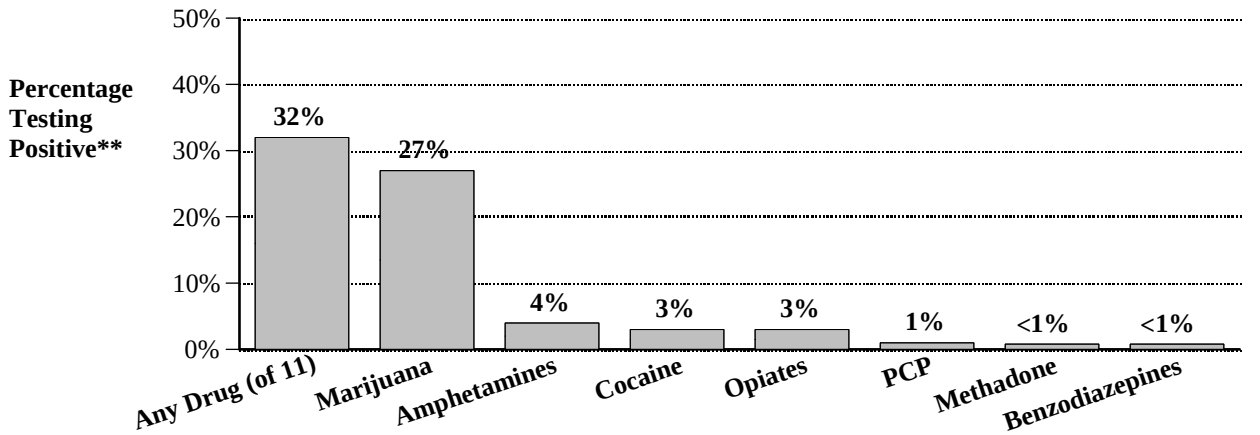
2004 Juvenile OPUS Report Now Available:
Nearly One-Third of Detained Youths Test Positive for at Least One Drug

As part of the Offender Population Urine Screening (OPUS) program, 197 youths newly admitted to five Department of Juvenile Services (DJS) detention facilities* between February and May 2004 were tested by urinalysis for illicit drug use. Overall, nearly one-third (32%) of youths tested positive for at least one illicit drug, primarily marijuana. Amphetamines were detected in 4% of juveniles, although none of the amphetamine-positive urines tested positive for methamphetamine or ecstasy. Three percent or less of youths tested positive for cocaine, opiates, PCP, methadone, or benzodiazepines. A copy of the full report, *Juvenile Offender Population Urinalysis Screening Program (OPUS) Detention Study, February-May 2004*, is available online at http://www.dewsonline.org/dews/opus/spring2004.pdf.

Percentage of Youths Newly Admitted to DJS Detention Facilities*
Testing Positive by Urinalysis, By Drug, February to May 2004



*The five detention facilities participating were Alfred D. Noyes Children's Center, Charles H. Hickey Fr. School, Cheltenham Youth Facility, J. DeWeese Carter Youth Facility, and Thomas J. Waxter Children's Facility.

**Percent positive for each drug, except amphetamines, is based on 196 specimens because one specimen was excluded due to an insufficient quantity of urine for testing. Percent positive for amphetamines is based on 193 specimens because three unconfirmed amphetamine-positive specimens.

NOTE: OPUS drug use patterns may not be typical of those of the general youth population in Maryland. However, prior research indicates that juvenile offender urinalysis results may provide advance warning of drug epidemics in the general population.

SOURCE: Maryland Drug Early Warning System (DEWS), Offender Population Urinalysis Screening (OPUS), Center for Substance Abuse Research (CESAR). For more information, contact Dr. Eric D. Wish at ewish@cesar.umd.edu.

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New Alcohol and Drug Abuse Administration (ADAA) Report Highlights Maryland Substance Abuse Prevention and Treatment Services Provided During 2003

Each year, the Maryland ADAA publishes a report highlighting the services provided by and outcomes of substance abuse prevention, intervention, and treatment programs in Maryland. Following are highlights from the fiscal year 2003 *Outlook and Outcomes* report, which is available online at http://www.maryland-adaa.org/content_documents/Outlook&Outcomes.pdf.

- Approximately 304,000 persons received prevention services in Maryland, primarily through programs employing information dissemination, educational activities, and alternative substance-free activities. The majority of individuals receiving services were parents and school-aged children.
- Nearly 59,000 individuals received treatment services from certified treatment programs, primarily outpatient programs. More than one-half of all treatment clients had at least one prior treatment episode.
- Alcohol, marijuana, and heroin were the three substances of abuse most frequently reported by clients in Maryland certified treatment programs.*
- More than one-third (36%) of alcohol-related** and 48% of marijuana-related admissions reported that the first time they used alcohol or marijuana, respectively, was at age 14 or younger.
- Slightly more than one-fifth of treatment clients had a current mental health problem at admission.
- The longer individuals remained in treatment, the less likely they were to be using their primary drug of abuse at discharge. For example, 56% of clients who remained in ADAA-funded treatment 30 to 89 days reported using their primary substance at discharge, compared to 22% of clients who remained in ADAA-funded treatment programs 180 days or more.

*Treatment clients are screened at intake to determine their major substances of abuse. The clients' primary, secondary, and tertiary drugs of abuse are then reported to SAMIS.

**Age of first use for alcohol refers to age of first intoxication.

SOURCE: Adapted by CESAR from the Maryland Alcohol and Drug Abuse Administration, *Outlook & Outcomes*, 2004.
For more information, contact Dr. Eric Wish (ewish@cesar.umd.edu) or Erin Artigiani (erin@cesar.umd.edu).

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